

DEPT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **23823**  
Registrar's No. **6165**

**28 1941**

District No. **791**

Primary Registration District No. **1023**

1. PLACE OF DEATH:

(a) County **St. Louis.**  
(b) City or town **St. Louis.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **City Infirmiry Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **December 22, 1938**  
In this community **32yrs.**  
(years, months or days)

3. (a) PRINT  
FULL NAME

**Thomas Amy.**

3. (b) If veteran,

name war **Cannot say.**

3. (c) Social Security

No.

4. Sex **Male**

5. Color or  
race **White**

6. (a) Single, widowed, married,  
divorced **Separated**

6. (b) Name of husband or wife

**Unknown**

6. (c) Age of husband or wife if

alive **13, 1881**

7. Birth date of deceased

**December**

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

**59**

**5**

**X**

hr.

min.

9. Birthplace

**East Banger, Pa.**

(City, town, or county)

(State or foreign country)

10. Usual occupation

**Stationery Eng. American**

11. Industry or business

**X**

**William W. Amy.**

12. Name

**Unknown**

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

**Ada Kellow**

15. Birthplace

**Unknown**

(City, town, or county)

(State or foreign country)

16. (a) Informant

**E. Moloney**

(b) Address

**5800 Arsenal St.**

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

**JUL 29 1941**

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**  
(c) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5800 Arsenal St.**  
(If rural, give location)  
(e) Citizen of foreign country? **American** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **13-**  
year **1941.** hour **12:00** minute **A.M.**  
December

21. I hereby certify that I attended the deceased from **December 22,** 19**38,**  
that I last saw him **alive** on **July 13,** 19**41.**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia** Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature **Loren Blaney** (M. D. or other)

Address **5800 Arsenal St.** Date signed **7-21-41**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**